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NJDHSS Communicable Disease Service Weekly

Statewide Influenza Activity Summary

Week Ending February 24, 2006

Influenza level of activity: "REGIONAL ACTIVITY"

From September 20, 2005, to date 1121 unique clinical specimens have been tested by the New Jersey Public Health and Environmental Laboratory and NJ clinical laboratories participating in the World Health Organization and National Respiratory and Enteric Virus Surveillance System*. What follows is a summary of culture-confirmed cases of influenza identified through testing performed by these laboratories for the week ending February 24, 2006:

- Number of influenza A culture confirmed cases: 54
- Number of influenza B culture confirmed cases: 2

This is the twenty-second week of the 2005-06 influenza season in New Jersey. Though the NJDHSS Communicable Disease Service was not notified of any respiratory outbreaks in any of the schools or health care institutions in the state, the number of influenza A culture positive isolate shows a significant regional increases.

This week, rates of influenza-like illness (ILI) from nursing homes and emergency department visits are 1.59% and 5.47% respectively. The rate for school absenteeism is 5.45%.

Hospital laboratory surveillance for respiratory syncytial virus (RSV) shows a slight decrease in the number of tests performed and number of positives. Overall, this week's surveillance parameter remains within the same baseline as compared with the previous weeks.

A few of the county percentage parameters showed figures well above the total average (see 21Feb06.pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

From the analysis of all data collected this week from the ILI surveillance system, the level of influenza activity in the state of New Jersey is at the level of "REGIONAL ACTIVITY."

According to the CDC's latest influenza weekly activity level report for week 6 (February 5 – February 11, 2006) influenza activity increased in the United States, primarily in the eastern half of the country. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Thirteen states reported widespread influenza activity; 21 states and New York City reported regional influenza activity; 11 states including New Jersey and the District of Columbia reported local influenza activity; while 5 states and Puerto Rico reported sporadic influenza activity. No influenza-associated pediatric deaths were reported during week 6. Since October 2, 2005, CDC has received reports of 14 influenza-associated pediatric deaths, 12 of which occurred during the current influenza season, but none in New Jersey. For more information go to: <http://www.cdc.gov/flu/>

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57-1. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

Avian flu WHO update:

The Ministry of Health and Family Welfare in India has informed WHO that no human cases of H5N1 infection have been detected to date. Tests conducted on samples taken from persons under investigation and their close contacts have yielded no positive results as of today. In India, as in all countries experiencing their first outbreaks of highly pathogenic H5N1 avian influenza, WHO strongly recommends that patient samples be sent to a WHO collaborating laboratory for diagnostic confirmation. Certainty about the status of human cases in a newly affected country is important for accurate risk assessment. To date the cumulative number of laboratory-confirmed human cases of avian influenza A(H5N1) reported to WHO stands at 170 including 92 deaths. WHO reports only laboratory confirmed cases. For more information go to: <http://www.who.int/csr/disease/influenza/en/>

*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year's flu season. Also, test results from representative samples collected during peak influenza activity late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

References and Resources:

- To obtain previous ILI reports: <http://nj.gov/health/fluinfo/index.html>
- <http://www.nj.gov/health/flu/preventflu.shtml>
- <http://www.cdc.gov/flu/>
- <http://www.who.int/csr/disease/influenza/en/>
- <http://www.cdc.gov/mmwr/>